

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527444

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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49		/				
50		/				
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						